

# Residential Property Inspection

Tenant _____					Type Inspection <input type="checkbox"/> Moving In <input type="checkbox"/> Closing					Rental Account Number _____				
Address _____														
Type of Property <input type="checkbox"/> SFR <input type="checkbox"/> Multiple Unit <input type="checkbox"/> Mobile					Number of Bedrooms _____ Baths _____			Number of Occupants Adults _____ Total _____ Children _____ <input type="checkbox"/> Vacant				Pets Number _____ Kind _____		
<b>Indicate Condition As:</b> Satisfactory.. <input type="checkbox"/> S   or.. <input checked="" type="checkbox"/> Unsatisfactory.. <input type="checkbox"/> U   Not Applicable.. <input type="checkbox"/> NA										<b>Comments</b> Describe Unsatisfactory Conditions or work needed.				
<b>Exterior</b>														
<b>Building</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Walls</div> <div style="width: 50%;"><input type="checkbox"/> Windows</div> <div style="width: 50%;"><input type="checkbox"/> Roof</div> <div style="width: 50%;"><input type="checkbox"/> Trim</div> <div style="width: 50%;"><input type="checkbox"/> Porches</div> <div style="width: 50%;"><input type="checkbox"/> Screens</div> <div style="width: 50%;"><input type="checkbox"/> Vents</div> <div style="width: 50%;"><input type="checkbox"/> Patio</div> <div style="width: 50%;"><input type="checkbox"/> Gutters</div> <div style="width: 50%;"><input type="checkbox"/> Stairs</div> <div style="width: 50%;"><input type="checkbox"/> Electrical Service</div> </div> Other _____														
<b>Garage</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Walls</div> <div style="width: 50%;"><input type="checkbox"/> Doors</div> <div style="width: 50%;"><input type="checkbox"/> Roof</div> </div> Other _____														
<b>Grounds</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Lawn</div> <div style="width: 50%;"><input type="checkbox"/> Shrubs</div> <div style="width: 50%;"><input type="checkbox"/> Fences</div> <div style="width: 50%;"><input type="checkbox"/> Gates</div> <div style="width: 50%;"><input type="checkbox"/> Walks</div> <div style="width: 50%;"><input type="checkbox"/> Driveway</div> <div style="width: 50%;"><input type="checkbox"/> Litter</div> </div> <input type="checkbox"/> Site Drainage _____ Other _____ <input type="checkbox"/> <input type="checkbox"/> Sewer <input type="checkbox"/> Septic - Last Pumped _____														
<b>Interior</b>														
	LR	DR	KIT	Baths	Bedrooms			Remarks						
Floors														
Walls														
Ceilings														
Drapes / Curtains														
Light Fixtures														
Electrical														
Heating														
Free Stand. Stove														
Other														
<b>Fixtures</b>														
<input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove/Range <input type="checkbox"/> Dishwasher					<input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal									
<b>Smoke Alarms</b> Installed <input type="checkbox"/> Yes <input type="checkbox"/> No   Operable <input type="checkbox"/> Yes <input type="checkbox"/> No														
<input type="checkbox"/> <b>Water heater</b> set not higher than 120°F(49°C), or the minimum of _____ if it cannot be set that low. (RCW 19.27A.060)														
<b>Utilities</b> <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> NA														
<b>Probable Cause of Noted Deficiencies</b> <input type="checkbox"/> Normal Wear & Tear <input type="checkbox"/> Tenant Abuse or Neglect <input type="checkbox"/> Deferred Maintenance <input type="checkbox"/> Other														

**Agent Comments**


**Tenant Comments**


I have inspected the premises with a representative of the State. I agree the statements written on this inspection report represent a true appraisal of the condition of the property.

Tenant Signature

Date

Tenant Signature

Date